



<b>For Office Use:</b>		
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## Application for Trial Member or Friend of the Center

*This application is for (please check one):*

Trial Member     Friend of the Center

Date of the **Introduction to Zen Workshop** you attended: \_\_\_\_\_

Name \_\_\_\_\_ Pronouns \_\_\_\_\_ Date submitted \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone with area code \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_

Do you have any significant medical problems which might affect your participation in activities at the Zen Center? If so, please explain.

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*There is no charge for Trial Membership.*